

**Department of Alcohol and Drug Programs**  
**Prevention Strategic Plan**  
**October 2002**

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## **Acknowledgements**

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## INTRODUCTION

The Department of Alcohol and Drug Programs' (ADP) Prevention Services Division's (PSD) Strategic Plan was developed under the leadership of Kathryn Jett, the Director of ADP, to guide the prevention policies and programs of the Department over the next three to five years. The Plan was developed by ADP staff along with significant input from experts and stakeholders in the prevention field. The Strategic Plan was developed to serve as a living document to be reviewed and updated on an ongoing basis. It is the intent of ADP to use the Plan to establish priorities and determine the allocation of prevention resources.

## DEVELOPMENTAL PROCESS

On July 10, 2001, Director Jett convened a meeting of selected prevention specialists to initiate a process for establishing a Prevention Advisory Task Force (PATF). As stated by Director Jett, the "mission of the Task Force will be to develop recommendations to ADP to facilitate the Department's development of a multi-year Strategic Plan that pragmatically addresses the complex and interrelated issues relevant to the advancement of prevention in California."

The initial planning committee met three times, reviewing summary reports of related non-alcohol and other drug statewide prevention initiatives (i.e., *Shifting the Focus* and the Little Hoover Commission's report entitled *Never Too Early, Never Too Late to Prevent Youth Crime and Violence*). The experience of these initiatives provided an important reference point and helped guide future discussions on developing an effective state-level prevention system. Other members at the meeting shared their experiences in developing strategic planning approaches at the local, county (i.e., San Diego, San Joaquin), and state level (i.e., Master Plan). To build on this productive sharing of experiences, meeting participants decided that a synthesis of these major documents concerning prevention in California be prepared and that "lessons learned" shape the agenda for future discussion concerning the advancement of prevention in the State.

Specifically, the analysis identified five broad areas in which the PATF could recommend priorities and procedures for ADP. These areas were:

- Become the leader in Coordination and Planning of prevention at the state level;
- Formalize ADP's role as a Centralized Data Repository and Information Center;
- Expand and market ADP's Resource and Research Center capabilities;
- Redirect Technical Assistance (TA) and Training in a concerted manner to advance state and county level prevention goals; and
- Develop a plan to access additional funds for Special Initiatives and Projects.

In the Fall of 2001, leaders in the prevention field were invited to participate in a series of meetings to discuss these issues. The initial meeting was convened on December 6 and 7, 2001, and resulted in the formation of five separate work groups to develop recommendations in specific areas relevant to prevention. The five areas follow the intent and purpose of the five broad areas identified above--they are comparable in intent and substance. The five work groups were:

## **DEVELOPMENTAL PROCESS**

- Vision of Prevention;
- Coordination, Collaboration and Planning;
- Data Collection and Analysis;
- Training and TA; and
- Funding, Policy and Legislation.

Work group coordinators were identified, and through a series of conference telephone calls developed preliminary recommendations. These recommendations were presented and discussed at the second PATF meeting held on February 28 and March 1, 2002. After that meeting, the work groups continued their telephone conferencing and produced a final set of recommendations that were presented to ADP for the development of a prevention strategic plan.

PSD then conducted a strategic assessment of the external environmental for prevention and identified the potential opportunities as well as threats to the development, implementation, and effectiveness of prevention programs and services. In addition, the internal capabilities of ADP were assessed to identify both the existing strengths and weaknesses. The recommendations in the report of the PATF were then assessed and served as input for determining the strategic direction for PSD. The final step in the process was the development of the Implementation Plan. The implementation plan specifies the steps and procedures necessary to achieve the goals and objectives, and implement the strategies contained in the Strategic Plan.

## **REVIEW AND UPDATE PROCESS**

The Strategic Plan will be updated on an annual basis with semi-annual status reports, using ADP's website as the central mechanism to share information about the Plan, as well as to share information about progress that is achieved in implementing the Year 1 objectives. In addition, feedback from the prevention field about the Plan, the goals, and the progress updates will be welcomed. A separate email link on the webpage will allow for comments and suggestions to be submitted to PSD staff. The feedback received through this process will be reviewed and considered for inclusion during the annual update process.

## **STRATEGIC DIRECTION**

### **ADP's Vision**

Healthy individuals and communities free of alcohol and other drug problems.

### **ADP's Prevention Strategic Vision**

Californians understanding that alcoholism, drug addiction, and related problems are chronic conditions that can be successfully prevented.

## STRATEGIC DIRECTION

### **Mission**

To lead California's strategy to reduce alcohol and other drug (AOD) problems by developing, administering and supporting effective and sustainable prevention policies, programs, and initiatives.

### **Guiding Principles for Prevention**

Prevention policies and services adhere to the following basic principles:

- 1. Prevention fosters safe and healthy environments for individuals, families, and communities.**
  - To create safe and healthy environments, prevention must reduce adverse personal, social, health and economic consequences by addressing problematic alcohol, tobacco, and other drug (ATOD) availability, manufacture, distribution, promotion, sales, and use.
  - By prevention providers leveraging resources, prevention programs will achieve the greatest impact.
- 2. The entire community shares responsibility for prevention.**
  - All sectors, including youth, must challenge their ATOD standards, norms, and values to continually improve the quality of life within the community.
  - "Community" includes a) organizations; b) institutions; c) ethnic and racial communities; d) tribal communities and governments; and, e) faith communities.
  - Community also includes associations/affinity groups based on age, social status, and occupation, professional affiliation, political or social interest, sexual orientation, as well as affiliations determined by geographic boundaries.
- 3. Prevention engages individuals, organizations, and groups at all levels of the prevention system.**
  - This includes those who work directly, as well as indirectly, in the prevention system who share a common goal of ATOD prevention (i.e., law enforcement, fire departments, emergency medical technicians, medical professionals, hospitals, teachers, employers, religious organizations, etc.).
- 4. Prevention utilizes the full range of cultural and ethnic wealth within communities.**
  - By employing ethnic and cultural experience and leadership within a community, prevention can reduce problematic availability, manufacturing, distribution, promotion, sales, and use of ATOD.

## STRATEGIC DIRECTION

### 5. Effective prevention programs are thoughtfully planned and delivered

- To create successful prevention programs, one must use data to assess the needs; prioritize and commit to the purpose; establish actions and measurements; use proven prevention actions; evaluate measured results to improve prevention outcomes; and use a competent, culturally proficient and properly trained workforce.

## Overarching Goal

Develop and maintain a comprehensive statewide prevention system to prevent and reduce AOD, and to improve the health and safety of the citizens of California by:

- 1) Modifying social and economic norms, conditions, and adverse consequences resulting from ATOD availability, manufacturing, distribution, promotion, sales, and use; and
- 2) Effectively addressing at-risk and underserved populations and their environments.

## Strategic Goals

### **Strategic Area 1: Funding, Policy, and Legislation**

1. Develop and implement policies, programs, and research that are relevant, practical, and advance the knowledge and understanding of the prevention field.
2. Represent the interests of California in the development of regional, national, and bi-national prevention policy.
3. Engage youth in prevention policy and program development.
4. Provide resources, policies, and services to develop a competent and culturally proficient prevention workforce.

### **Strategic Area 2: Coordination, Collaboration, and Planning**

5. Develop and maintain an efficient system of communication between ADP, county AOD offices, direct service providers, and other state agencies to improve the delivery of services.
6. Implement an effective prevention delivery system through ongoing strategic planning in collaboration and cooperation with stakeholders.
7. Optimize the effective use of all prevention resources.

## STRATEGIC DIRECTION

### **Strategic Area 3: Data Collection, Analysis, and Utilization**

8. Optimize the access, analysis and use of data by all segments of the prevention field.
9. Develop and implement a statewide prevention outcomes measurement system that provides information to guide improvements in adult and youth prevention services and initiatives.

### **Strategic Area 4: Technical Assistance and Training**

10. Engage the prevention field in a continual process of learning about existing and innovative research-supported strategies and services.
11. Engage the general public in a continual process of learning about the effects of, and healthful alternatives to, ATOD use and abuse.

## Strategies

### Strategic Area 1: Funding, Policy, and Legislation

1. Advance policies and practices that improve quality of programs and practitioners.
2. Assume a significant role to ensure that coordination/collaboration occurs at all levels in order to reduce prevention costs.
3. Strengthen prevention policies by assuming a leadership role on ATOD issues.
4. Advance policies and practices that strengthen the participation of youth at all levels and aspects of program planning and decision making.
5. Create a coordinated system to identify, track, and disseminate information regarding current and future legislation relevant to the prevention field at all levels (federal, state and local).

### **Strategic Area 2: Coordination, Collaboration, and Planning**

1. Utilize a six-point framework for collaboration and coordination to guide future collaborative planning efforts.
2. Maximize opportunities for successful collaboration by focusing efforts on a few critical issues that might best benefit from collaborative solutions.
3. Facilitate statewide implementation of outcome-based planning.



## STRATEGIC DIRECTION

### **Strategic Area 3: Data Collection, Analysis, and Utilization**

#### Data Collection

1. Develop a methodology to collect data and identify the outcomes of prevention strategies and initiatives.
2. Develop a data taxonomy for establishing effective ATOD prevention in California.
3. Create an inventory of all available ATOD prevention data, making sure that it is easy to use and readily available for all prevention constituents from community organizations to state agencies for use in community prevention programs.
4. Establish bilateral agreements with Mexico, other states, and California state agencies to collect selected data on areas of joint interest for prevention of ATOD problems, and make this data available to county AOD offices and local prevention providers.

#### Data Analysis

1. Prepare regular and special reports on the incidence/prevalence of ATOD-related problems in the general adult and adolescent population.
2. Create a visible statewide initiative for utilization of prevention data for research and analysis.
3. Participate actively in the NASADAD/CSAP "Central Work Group" to identify core reporting requirements and construction of data items to be used in CSAP-funded prevention efforts.
4. Contact other state's alcohol and drug programs to find out what they are doing to assure the appropriate collection, reporting, analysis, and use of ATOD data for research-based prevention purposes.

#### Data Utilization

1. Orient county AOD offices and local prevention providers to the use of data to develop prevention policies and programs.
2. Enhance TA/training on the use of data driven prevention planning methods (i.e., Theory of Change and Logic Model approaches).
3. Enhance TA/training to help county AOD offices adopt a database of RFPs for generating county and community-level prevention programs.
4. Educate county AOD offices, community groups and organizations to understand and use ATOD prevention data to develop prevention initiatives and activities of their own.

## STRATEGIC DIRECTION

5. Work with California communities that have issues and/or special needs with respect to the use of data for prevention.

### **Strategic Area 4: Technical Assistance and Training**

1. Identify and develop TA and training priorities and develop an annual plan to guide the delivery of TA/training services.
2. Implement managerial procedures in the delivery of TA/training services to increase the potential for operational change to occur.
3. With the collaboration of TA/training providers, develop procedures to build community capacities by placing priority on requests from collaborations that bring deeper community investments in TA/training outcomes as compared to individual organizations.
4. Develop an aggressive marketing campaign with counties and TA/training providers to ensure that potential consumers, including the often-neglected tribal communities, are aware of the Department's strategic priorities and accompanying TA/training services.
5. Develop a comprehensive framework that supports professional development.
6. Create and maintain the training, structure, and use of a consultant pool that must be flexible, culturally proficient, and competent in addressing organizational and community differences. In addition, implement procedures to ensure consistency in knowledge and application of science-based practices.

## IMPLEMENTATION PLAN

The Implementation Plan is based on an assessment of the demands placed on the resources and capabilities of ADP and PSD due to the planning decisions. The Implementation Plan details the tasks required by PSD to disseminate, implement, evaluate progress, and make the necessary course adjustments over the five-year planning cycle. The goals, objectives, and strategies in the Plan require redirecting existing resources and/or developing new resources. In addition, it requires both aligning staff to new tasks and providing the training and professional development necessary to ensure the acquisition and effective utilization of additional skills and competencies. Effective implementation of the Plan also requires working closely with all stakeholders to disseminate contents of the Plan, and encouraging their input and ongoing involvement in achieving goals and objectives outlined in the Plan.

The following overall tasks are necessary to **implement strategies** contained in the Plan:

- Assess the development and delivery systems
- Determine alignment, consistencies, and gaps

## IMPLEMENTATION PLAN

- Identify resource needs (i.e.,TA, training, new funds, staffing)
- Develop funding mechanisms
- Convene necessary task groups
- Utilize CADPAAC Prevention Committee to provide ongoing input and feedback on strategic planning implementation
- Orient all contractors to the contents of the Strategic Plan and determine the implications for service delivery

The following **organizational and management tasks** are necessary to implement the Plan:

- Review PSD's organizational structure and make adjustments necessary to effectively and efficiently implement strategies, and achieve goals and objectives
- Identify skills and competencies needed to carry out duties necessary to implement the Plan
- Ensure alignment of positions and duty statements
- Ensure alignment of staff development and IDPs/training decisions
- Develop a division training plan (core knowledge, skills, abilities)
- Establish decision-making matrix to prioritize allocation of staff resources

The following **financial steps and tasks** are necessary to prepare for Plan implementation:

- Review and zero-base all contracts
- Review and zero-base Prevention Services Division budget
- Determine costs to implement each action item
- Establish a budget based on prioritized action items
- Determine funding flexibility with existing funding sources
- Identify additional funding resources
- Ensure compliance with SAPT block grant "set-aside" requirement of 20% for primary prevention
- Protect SAPT block grant by meeting Synar Amendment requirements
- Ensure that SDFSC 20% Governor's set-aside is properly managed by ADP
- Maintain "real-time" tracking of prevention allocations
- Determine administrative costs to track and monitor expenditures

The following tasks will be carried out to **produce, disseminate, and solicit feedback** on the Plan:

- Ensure PSD and ADP staff understand strategic priorities
- Develop a communication plan to address the needs of multiple audiences
- Formalize and disseminate the Plan
- Develop a systematic process for obtaining feedback from constituents of major prevention organizations
- Disseminate Plan progress reports

## IMPLEMENTATION PLAN

The following tasks will be implemented to ensure ongoing **reviews and updates** to the Plan:

- Develop a plan review process and timelines
- Consider periodic reconvening of PATF
- Graphically represent the Strategic Plan and processes
- Develop an evaluation plan to assess the progress towards achievement of yearly objectives and outcomes
- Establish yearly outcomes for years two through five

## YEAR ONE OBJECTIVES

**Goal #1** *Develop and implement policies, programs, and research that are relevant, practical, and advance the knowledge and understanding of the prevention field.*

**Objective:**

- 1.1 Establish a forum that brings prevention practitioners, researchers, and evaluators together to provide recommendations and/or enhancements on prevention programs and research.

**Goal # 2** *Represent the interests of California in the development of regional, national, and bi-national prevention policy.*

**Objective:**

- 2.1 Increase ADP's involvement in, and participation with, the Center for Substance Abuse Prevention (CSAP), National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD), National Prevention Network (NPN), Office of National Drug Control Policy (ONDCP), U.S. Department of Education, and Border Governors.

**Goal #3** *Engage youth in prevention policy and program development.*

**Objective:**

- 3.1 Develop and implement a plan that specifies where and how youth can be involved.

**Goal #4** *Provide resources, policies, and services to develop a competent and culturally proficient prevention workforce.*

**Objectives:**

- 4.1 Establish a work group to identify core competencies for prevention programs and staff.
- 4.2 Establish a work group or forum to provide recommendations to the Director and to explore credentialing of prevention practitioners.

**Goal # 5** *Develop and maintain an efficient system of communication between ADP, county AOD offices, direct service providers, and other state agencies to improve the delivery of services.*

**Objective:**

- 5.1 Develop a communication system that links ADP, county AOD offices and direct service providers.

## YEAR ONE OBJECTIVES

**Goal #6** *Implement an effective prevention delivery system through ongoing strategic planning in collaboration and cooperation with stakeholders.*

**Objectives:**

- 6.1 Implement an ongoing planning process (monitoring/reviewing/updating) which translates strategic goals into operational objectives, tasks and outcomes.
- 6.2 Allocate prevention resources based upon performance planning and outcome evaluation.
- 6.3 Establish a state-level interagency council to coordinate the planning and delivery of prevention resources and services.
- 6.4 Develop and disseminate an outcome-based prevention planning model.

**Goal #7** *Optimize the effective use of all prevention resources.*

**Objectives:**

- 7.1 Zero-base all contracts and determine priorities based on established criteria and standards.
- 7.2 Develop a process to identify additional resources.

**Goal #8** *Optimize the access, analysis and use of data by all segments of the prevention field.*

**Objectives:**

- 8.1 Identify types and sources of data needed to support prevention planning, research, and evaluation at state and local levels.
- 8.2 Initiate processes to access and organize all needed data.

**Goal #9** *Develop and implement a statewide prevention outcomes measurement system that provides information to guide improvements in adult and youth prevention services and initiatives.*

**Objectives:**

- 9.1 Select and convene a data advisory work group for outcome measures.
- 9.2 Receive and assess CSAP Performance Partnership Grant (PPG) core measurements relative to California's prevention needs and practices.

**Goal #10** *Engage the prevention field in a continual process of learning about existing and innovative research-supported strategies and services.*

**Objectives:**

- 10.1 Identify, disseminate and apply innovative, research-supported strategies and services.
- 10.2 Provide technical assistance and training to support the capacities of California's communities to implement prevention policies and services and respond effectively to ATOD problems.

**Goal #11** *Engage the general public in a continual process of learning about the effects of, and healthful alternatives to, ATOD use and abuse.*

**Objectives:**

- 11.1 Implement the club drug media campaign.
- 11.2 Implement a binge-drinking initiative with the California State University System.